



Senate

General Assembly

February Session, 2008

File No. 427

Senate Bill No. 576

Senate, April 3, 2008

The Committee on Public Health reported through SEN. HANDLEY of the 4th Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

AN ACT CONCERNING PATIENT ACCESS TO LABORATORY TEST RESULTS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 20-7c of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2008*):

3 (a) For purposes of this section, "provider" has the same meaning as
4 provided in section 20-7b.

5 (b) (1) A provider, except as provided in section 4-194, shall supply
6 to a patient upon request complete and current information possessed
7 by that provider concerning any diagnosis, treatment and prognosis of
8 the patient. (2) A provider shall notify a patient of any test results in
9 the provider's possession or requested by the provider for the
10 purposes of diagnosis, treatment or prognosis of such patient. A
11 provider, who requests that his or her patient submit to medical
12 testing for purposes of ascertaining a diagnosis, treatment or prognosis
13 for such patient, shall authorize the entity conducting such medical

14 testing to directly communicate the results of such testing to the
15 patient, unless the provider reasonably determines that the
16 information that may be transmitted to the patient would be
17 detrimental to the physical or mental health of the patient, or may
18 result in the patient causing harm to himself, herself or another. In any
19 case where a provider has determined that direct access by the patient
20 to the results of a medical test would not be in the best interests of the
21 patient, the provider shall communicate the reasons for such
22 determination to the patient.

23 (c) Upon a written request of a patient, a patient's attorney or
24 authorized representative, or pursuant to a written authorization, a
25 provider, except as provided in section 4-194, shall furnish to the
26 person making such request a copy of the patient's health record,
27 including but not limited to, bills, x-rays and copies of laboratory
28 reports, contact lens specifications based on examinations and final
29 contact lens fittings given within the preceding three months or such
30 longer period of time as determined by the provider but no longer
31 than six months, records of prescriptions and other technical
32 information used in assessing the patient's health condition. No
33 provider shall charge more than forty-five cents per page, including
34 any research fees, handling fees or related costs, and the cost of first
35 class postage, if applicable, for furnishing a health record pursuant to
36 this subsection, except such provider may charge a patient the amount
37 necessary to cover the cost of materials for furnishing a copy of an x-
38 ray, provided no such charge shall be made for furnishing a health
39 record or part thereof to a patient, a patient's attorney or authorized
40 representative if the record or part thereof is necessary for the purpose
41 of supporting a claim or appeal under any provision of the Social
42 Security Act and the request is accompanied by documentation of the
43 claim or appeal. A provider shall furnish a health record requested
44 pursuant to this section within thirty days of the request.

45 (d) If a provider reasonably determines that the information is
46 detrimental to the physical or mental health of the patient, or is likely
47 to cause the patient to harm himself or another, the provider may

48 withhold the information from the patient. The information may be
49 supplied to an appropriate third party or to another provider who may
50 release the information to the patient. If disclosure of information is
51 refused by a provider under this subsection, any person aggrieved
52 thereby may, within thirty days of such refusal, petition the superior
53 court for the judicial district in which such person resides for an order
54 requiring the provider to disclose the information. Such a proceeding
55 shall be privileged with respect to assignment for trial. The court, after
56 hearing and an in camera review of the information in question, shall
57 issue the order requested unless it determines that such disclosure
58 would be detrimental to the physical or mental health of the person or
59 is likely to cause the person to harm himself or another.

60 (e) The provisions of this section shall not apply to any information
61 relative to any psychiatric or psychological problems or conditions.

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2008	20-7c

PH *Joint Favorable*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either chamber thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 09 \$	FY 10 \$
Public Health, Dept.	GF - Cost	174,100	185,700
Comptroller Misc. Accounts (Fringe Benefits) ¹	GF - Cost	20,760	64,000

Note: GF=General Fund

Municipal Impact: None

Explanation

The Department of Public Health will require additional resources to enable it to directly communicate laboratory test results to patients. The State Public Health Laboratory conducts almost 200,000 medical tests each year.

FY 09 costs of \$174,100 would be incurred, reflecting the three-quarter salaries of 3 Clerk Typists, other expenses (including approximately \$75,000 in printing and mailing expenses), and one-time equipment expenses. In FY 10, the annualized costs associated with this staffing expansion would be \$185,700. Additional fringe benefit costs (\$20,760 FY 09; \$64,000 FY 10) would also be incurred.

No funding has been included within sHB 5021 (the Revised FY 09 Appropriations Act, as favorably reported by the Appropriations Committee) for this purpose.

¹ The fringe benefit costs for state employees are budgeted centrally in the Miscellaneous Accounts administered by the Comptroller. The first year fringe benefit costs for new positions do not include pension costs. The estimated first year fringe benefit rate as a percentage of payroll is 25.36%. The state's pension contribution is based upon the prior year's certification by the actuary for the State Employees Retirement System (SERS). The SERS fringe benefit rate is 33.27%, which when combined with the rate for non-pension fringe benefits totals 58.63%.

The Out Years

The DPH is just beginning a multi-year effort to replace the State Public Health Laboratory's information management system (IMS). It is not yet known to what extent the new IMS (once its capabilities are developed and put into operation) might be relied upon to perform automated communication of test results. Should this functionality be incorporated into the new IMS, reduced costs of reporting test results to patients would be expected. It is likely that the new system will not be operational prior to FY 11.

Should an automated communication process not be incorporated into the new IMS, the annualized cost identified above would continue subject to inflation.

OLR Bill Analysis**SB 576*****AN ACT CONCERNING PATIENT ACCESS TO LABORATORY TEST RESULTS.*****SUMMARY:**

This bill gives patients direct access to their medical test results unless the health care provider reasonably determines that such access would be harmful to the patient's physical or mental health.

EFFECTIVE DATE: October 1, 2008

DIRECT ACCESS TO MEDICAL TEST RESULTS

Under the bill, a health care provider who requests that his or her patient undergo medical testing for diagnostic, treatment, or prognosis purposes, must authorize the testing entity to provide the test results directly to the patient. Such direct reporting is not required if the provider reasonably determines that the information to be provided would be detrimental to the patient's physical or mental health, or may result in the patient harming himself or another.

The provider must give the patient the reasons for not authorizing direct access to the test results.

By law, "provider" means any person or organization licensed or certified to furnish health care services. This covers physicians, chiropractors, natureopaths, podiatrists, athletic trainers, physical therapists, occupational therapists, alcohol and drug counselors, radiographers and radiologic technologists, midwives, nurses and nurse's aides, dentists and dental hygienists, optometrists, opticians, respiratory care practitioners, perfusionists, pharmacists, psychologists, marital and family therapists, clinical social workers,

professional counselors, veterinarians, massage therapists, electrologists, hearing aid dealers, speech pathologists and audiologists, and emergency medical service providers (CGS § 20-7b(b)).

BACKGROUND

Department of Public Health (DPH) Regulations

Existing DPH regulations provide that “laboratory findings on a specimen shall be reported directly to the licensed provider who ordered the testing and may be provided by laboratories other than the department’s laboratory to lay persons upon the written request of the provider who ordered the testing” (Conn. Agencies Reg. § 19a-36-D32).

COMMITTEE ACTION

Public Health Committee

Joint Favorable

Yea 16 Nay 12 (03/14/2008)